

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016588

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318  
FILED MAY 10 1962

1003

4492

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |  | c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Homer Phillips Hospital</b>  |  | d. STREET ADDRESS (If outside, give location)<br><b>4954 McPherson</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Richard W. Blayney</b>  |  | 4. DATE OF DEATH Month Day Year<br><b>April 29, 1962</b>  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>1/8/1917</b>  |
| 9. AGE (last birthday)<br><b>45</b>  |  | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Iron Worker</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Construction</b>  |  |
| 11. BIRTHPLACE (City and state or country)<br><b>E. St. Louis, Ill.</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.</b>  |  |
| 13a. FATHER'S NAME<br><b>Earl Blayney</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Louise Kroeker</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Bonnie</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                    |  |
| 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>   |  | 17. INFORMANT Address<br><b>Earl Blayney, 715 Union St., Alton, Ill.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a)<br><b>Cardiac arrest; Atelectasis of both lungs;<br/>Hemothorax; Contributing cause- Gunshot wounds;<br/>suffered when shot with gun in hands of one<br/>PAUL KROMER in apartment #2 ) at 4168 West Pine<br/>about 1:30 A.M., April 29th, 1962.</b><br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal<br>disease condition given in <b>UNDOUBTABLE HOMICIDE</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>98 1/2</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown              |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>See above</b>  |  |
| 20c. TIME OF INJURY<br>Hour <b>1:30</b> Month, Day, Year <b>4-29-62</b>  |  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Residence</b>  |  |
| 20e. CITY, TOWN, OR LOCATION<br><b>St. Louis, Missouri</b>   |  | 20f. COUNTY STATE   |  |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.  |  | 22a. SIGNATURE (Degree or title)<br><b>Heleen L. Taylor, Coroner</b>  |  |
| 22b. ADDRESS<br><b>1300 Clark Ave.</b>   |  | 22c. DATE SIGNED<br><b>5-1-62</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>5-1-62</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Lebanon Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b> |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>  |  | 25. DATE RECD BY LOCAL REG.<br><b>MAY 1 1962</b>  |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith, M.D.</b>   |  |   |  |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. W. Wilkins

Licensed Embalmer No. 3575

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.